Provider Name:

Member Name (LAST)	Member Name (FIRST)	BMCHP ID#	Diagnosis Code(s) ICD9	HCPCS	Quantity	Frequency	If RENTAL Original DOS	Ordering Physician Name & Phone Number	NW Authorization #	Authorization End Date

Provider Name:

Member Name (LAST)	Member Name (FIRST)	BMCHP ID #	Diagnosis Code(s) ICD9	HCPCS	Quantity	Frequency	If RENTAL Original DOS	Ordering Physician Name	NW Authorization #	Authorization End Date

Provider Name:

Member Name (LAST)	Member Name (FIRST)	BMCHP ID #	Diagnosis Code(s) ICD9	HCPCS	Quantity	Frequency	If RENTAL Original DOS	Ordering Physician Name	NW Authorization #	Authorization End Date

Provider Name:

Member Name (LAST)	Member Name (FIRST)	BMCHP ID #	Diagnosis Code(s) ICD9	HCPCS	Quantity	Frequency	If RENTAL Original DOS	Ordering Physician Name	NW Authorization #	Authorization End Date